BEST AVAILABLE COPY -

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                              |                      |                                           |                         |                                                                                                                                 |                  | SMALL ENTITY TYPE OR |                        |            | OTHER THAN<br>SMALL ENTITY |                                                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|------------------------|------------|----------------------------|------------------------------------------------|--|--|--|
| FOR                                                                                                                                                                                                                                                                         |                      | NUME                                      | ER FILED                | NUMBER                                                                                                                          | EXTRA            | RATE                 | FEE                    | 1          | RATE                       | FEE                                            |  |  |  |
| ВА                                                                                                                                                                                                                                                                          | SIC FEE              |                                           |                         |                                                                                                                                 |                  | 1                    | 345.00                 | OR         |                            | 690.00                                         |  |  |  |
| то                                                                                                                                                                                                                                                                          | TAL CLAIMS           |                                           | minus 20                | = *                                                                                                                             |                  | X\$ 9=               |                        | OR         | X\$18=                     |                                                |  |  |  |
| IND                                                                                                                                                                                                                                                                         | EPENDENT CL          | AIMS                                      | minus 3 =               |                                                                                                                                 | •                |                      |                        | OR         | X78=                       |                                                |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                            |                      |                                           |                         | .120                                                                                                                            |                  |                      | +260=                  |            |                            |                                                |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                    |                      |                                           |                         |                                                                                                                                 |                  | +130=                |                        | OR         |                            | latte in                                       |  |  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                 |                      |                                           |                         |                                                                                                                                 |                  | TOTAL                | <u> </u>               | OR         | TOTAL                      | THAN                                           |  |  |  |
|                                                                                                                                                                                                                                                                             |                      | (Column 1)                                |                         |                                                                                                                                 |                  | SMALL ENTITY OF      |                        |            | OTHER THAN SMALL ENTITY    |                                                |  |  |  |
| AMENDMENT A                                                                                                                                                                                                                                                                 |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                     | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE                         |  |  |  |
|                                                                                                                                                                                                                                                                             | Total                | · 46                                      | Minus                   | 20                                                                                                                              | = 26             | X\$ 9=               | 234                    | OR         | X\$18=                     |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             | Independent          | · /0                                      |                         | ··· 3                                                                                                                           | = 7              | X39=                 | 294                    | OR         | X78=                       |                                                |  |  |  |
| _                                                                                                                                                                                                                                                                           | FIRST PRESE          | NTATION OF M                              | IULTIPLE DEPE           | NDENT CLAIM                                                                                                                     |                  | +130=                |                        |            | +260=                      |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             |                      |                                           |                         |                                                                                                                                 |                  |                      | 606                    | OR         | +200=                      |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             |                      | (Column 1)                                | ) (Column 2) (Column 3) |                                                                                                                                 | ADDIT. FEE       | 528                  | OR ,                   | ADDIT. FEE |                            |                                                |  |  |  |
| AMENDMENT B                                                                                                                                                                                                                                                                 |                      | CLAIMS REMAINING AFTER AMENDMENT          |                         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                     | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |            | RATE                       | . ADDI-<br>TIONAL<br>FEE                       |  |  |  |
|                                                                                                                                                                                                                                                                             | Total                | . 38                                      | Minus                   | 46                                                                                                                              | = /              | X\$ 9=               |                        | OR         | X\$18=                     |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             | Independent          | . 8                                       | Minus                   | *** / D                                                                                                                         | =                | X39=                 |                        | OR         | X78=                       |                                                |  |  |  |
| -                                                                                                                                                                                                                                                                           | FIRST PRESE          | NIATION OF N                              | IULTIPLE DEPE           | NUENT CLAIM                                                                                                                     | 0                | +130=                |                        | OR         | +260=                      |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             |                      |                                           |                         |                                                                                                                                 |                  | TOTAL<br>ADDIT. FEE  |                        | OR         | TOTAL<br>ADDIT, FEE        |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             |                      | (Column 1)                                |                         | (Column 2)                                                                                                                      | (Column 3)       |                      |                        |            |                            |                                                |  |  |  |
| AMENDMENT C                                                                                                                                                                                                                                                                 |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                     | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE                         |  |  |  |
|                                                                                                                                                                                                                                                                             | Total                | *                                         | Minus                   | **                                                                                                                              | =                | X\$ 9=               |                        | OR         | X\$18=                     |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             | Independent          | •                                         |                         | ***                                                                                                                             | =                | X39=                 | · · · · · · ·          | OR         | X78=                       |                                                |  |  |  |
| _                                                                                                                                                                                                                                                                           | FIRST PRESE          | NTATION OF N                              | NULTIPLE DEPE           | NDENT CLAIM                                                                                                                     |                  |                      | •                      |            |                            | <u>,                                      </u> |  |  |  |
|                                                                                                                                                                                                                                                                             | If the entry in colu | mn 1 is less than                         | the entry in column     | n 2, write "0" in co                                                                                                            | lumn 3,          | +130=<br>TOTAL       |                        | OR         | +260=                      |                                                |  |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                      |                                           |                         |                                                                                                                                 |                  |                      |                        |            |                            |                                                |  |  |  |
|                                                                                                                                                                                                                                                                             | The "Highest Nun     | nber Previously P                         | aid For" (Total or Ir   | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                  |                      |                        |            |                            |                                                |  |  |  |